PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS; This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ap in m

appropriate. All further indicated unless correct maintenance fee notifica	correspondence includir ed below or directed oth	ng the Patent, advance on nerwise in Block 1, by (a	rders and notification of n a) specifying a new corres	naintenance fees wi pondence address;	II be mailed to the current and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23838	7590 09/25	5/2008	nave				
KENYON & KENYON LLP 1500 K STREET N.W. SUITE 700 WASHINGTON, DC 20005				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
WASHINGTON	1, DC 20005					(Depositor's name)	
						(Signature)	
			L			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/660,643 09/12/2003			Kristin A. Jugenheimer		10546/55605 7586		
TITLE OF INVENTION	: APPARATUS FOR CO	OMPRESSING BODY T	ISSUE				
		.	•				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$ pag\$1510	\$300	\$0	\$47.40 .\$18	10 12/26/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
TRUONG, KEVIN THAO		3734	606-142000				
1. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the patent front page, list (1) (1) (1) (2) (1) (2) (1) (1) (2) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
	ondence address (or Cha	inge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON T	L FHE PATENT (print or typ	ne)			
PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee	data will appear on the pa	atent. If an assigned	e is identified below, the d	locument has been filed for	
recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
BOSTON SCIENTIFIC SCIMED, INC. Maple Grove, MN							
			_	<u>_</u>		_	
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛂 Cor	poration or other private gr	oup entity Government	
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
Issue FeePublication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form>PAIXE203&xixxatached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the xequired fee(s), any deficiency, or credit any				
5. Change in Entity Sta	tue (from status indicate	d abova)	overpayment, to Depo	sit Account Number	110600 (enclose a	an extra copy of this form).	
_ ~ .	s SMALL ENTITY statu	*	☐ b. Applicant is no long	ger claiming SMALI	L ENTITY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepted tes Patent and Trademark	d from anyone other than the	he applicant; a regist	tered attorney or agent; or the	he assignee or other party in	
interest as shown by the	records of the Officed Sta	nes i atem and i rademark	Onice.				
Authorized Signature /Jocelyn D. Ram/			Date December 22, 2008				
Typed or printed nameJocelyn D. Ram			Registration No. 54,898				
an application. Confiden submitting the completed this form and/or suggest	tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. DC	U.S.C. 122 and 37 CFR USPTO. Time will vary rden. should be sent to th	1.14. This collection is est depending upon the indivention office Chief Information Office	imated to take 12 m idual case. Any con cr. U.S. Patent and T	inutes to complete, including nments on the amount of ti Trademark Office, U.S. Dep	d by the USPTO to process) ng gathering, preparing, and me you require to complete vartment of Commerce, P.O. for Patents, P.O. Box 1450,	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033